

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

**CHOLINERGIC THERAPY FOR INDIVIDUALS WITH
LEARNING DISABILITIES**

Attorney Docket Number::

000250.00029

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

3

Small Entity?::

YES

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: James
Middle Name:: H.
Family Name:: HELLER
Name Suffix::
City of Residence:: Chapel Hill
State or Province of Residence:: NC
Country of Residence:: U.S.A.
Street of mailing address:: 2427 Tilghman Circle
City of mailing address:: Chapel Hill
State or Province of mailing address:: NC
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 27514

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IN
Status:: Full Capacity
Given Name:: Priya
Middle Name::
Family Name:: KISHNANI
Name Suffix::
City of Residence:: Durham
State or Province of Residence:: NC
Country of Residence:: U.S.A.

Street of mailing address:: 6 Vinson Place
City of mailing address:: Durham
State or Province of mailing address:: NC
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 27705

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gail
Middle Name:: A.
Family Name:: SPIRIDIGLIOZZI
Name Suffix::
City of Residence:: Durham
State or Province of Residence:: NC
Country of Residence:: U.S.A.
Street of mailing address:: 4714 Highgate Drive
City of mailing address:: Durham
State or Province of mailing address:: NC
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 27713

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gordon
Middle Name::

Family Name:: WORLEY
Name Suffix::
City of Residence:: Chapel Hill
State or Province of Residence:: NC
Country of Residence:: U.S.A.
Street of mailing address:: 408 Deming Road
City of mailing address:: Chapel Hill
State or Province of mailing address:: NC
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 27514

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Murali
Middle Name:: P.
Family Name:: DORAISWAMY
Name Suffix::
City of Residence:: Chapel Hill
State or Province of Residence:: NC
Country of Residence:: U.S.A.
Street of mailing address:: 1521 E. Franklin Street, B207
City of mailing address:: Chapel Hill
State or Province of mailing address:: NC
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 27514

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: US
 Status:: Full Capacity
 Given Name:: Ranga
 Middle Name:: R.
 Family Name:: KRISHNAN
 Name Suffix::
 City of Residence:: Chapel Hill
 State or Province of Residence:: NC
 Country of Residence:: U.S.A.
 Street of mailing address:: 104 Huntington Drive
 City of mailing address:: Chapel Hill
 State or Province of mailing address:: NC
 Country of mailing address:: U.S.A.
 Postal or Zip Code of mailing address:: 27514

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2003/022746	22 July 2003
PCT/US2003/022746	Non Provisional of	60/397,123	22 July 2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name:: DUKE UNIVERSITY
Street of mailing address:: c/o Office of Science and Technology, M454
Davison Building, Duke University Medical Center
City of mailing address:: Durham
State or Province of mailing address:: NC
Country of mailing address:: U.S.A.
Postal or Zip Code of mailing address:: 27710